

Camper & Clinic Application

Please Fill out one Per Camper

Please complete the following table to compute camp costs:	# of Weeks	Camp cost per wk	Subtotal
One Week Camp	1	\$ 300	= 300
Clinic Dates: _____	___ x		
\$100 non refundable Deposit		\$100	-100
Apply Discount (if any)			-
Total Due (Make Checks Payable to LIPSC INC)			=

If you make a deposit, balance is due two weeks prior to camp, or cash on first day of camp

First Name _____
 Last Name _____
 Address _____
 City _____ State _____ Zip _____
 Sex M F Birthdate _____

 Home Phone _____
 Emergency Contact Number _____
 Cell Phone _____
 E-mail address _____
 Summer address _____
 City _____ State _____ Zip _____
 Summer phone _____

Club Team: _____

Please mail with Full Payment to:
 LIPSC
 44 Hastings Dr.
 Stony Brook, NY 11790

As parent or guardian of the applicant, I hereby accept the conditions of enrollment and give permission for my child to participate in the LIPSC Program. I agree to comply with all program regulations, and hereby remove campsite, staff, management, and Long Island Premiere Sports Camps from any and all liability for injury or damages incurred while involved in this program. LIPSC retains the rights to any photographs or video tapes of the campers taken at Camp to be used for publicity or advertising.

Signature _____ Date _____

Referred by: Ad Mailing Friend/Family Coach Website Other: _____